

KIRKLAND PARKS AND COMMUNITY SERVICES VOLLEYBALL LEAGUE ROSTER



SEASON/SESSION: _____

___ Women's
___ COED

___ Upper
___ Lower

___ "C" league (COED only, on Wed.)

TEAM NAME: _____

EMAIL: _____

TEAM MANAGER PHONE (CELL) _____

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT:

In consideration for myself being allowed to participate in the subject activity, for myself, my heirs and personal representatives, to the extent allowed by law, I hereby waive and release all claims for damages I now or may hereafter have against the City of Kirkland and their agents for any injuries and damages suffered in connection with my participation. I further agree to defend, indemnify and hold harmless the City of Kirkland and their agents for any injury and damages suffered in connection with my participation. I further agree to defend, indemnify and hold harmless the City of Kirkland and their agents from all claims for injury or death, or for loss or damage to property, filed by anyone against the City of Kirkland and their agents which arises out of my participation, except for injury or damage caused by the sole negligence of the City of Kirkland and their agents. I, the undersigned participant give my permission to have photos/video tapes taken, without recompense, during activities and used for publicity purposes. I also understand that the City of Kirkland will use the following information for the marketing of future recreation programs.

	PLAYER NAME	Home Address	City and Zip	Phone	Date	SIGNATURE
TM						
Asst						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Managers Signature: _____ Date: _____ League Coordinator Initials: _____